



CIGNA Dental

What

you'll save.

Your Fee Overview

For Employees of Brookhaven Science Associates

This Fee Overview highlights some of the benefits available under your plan. A complete description regarding the terms of coverage, exclusions and limitations, including benefits will be provided in your insurance certificate or plan description. In case of discrepancy between this Fee Overview and your plan documents, the plan documents will prevail.

Compare for yourself.

Porcelain Crown

National Average Dentist's Fee	\$ 740.00
Average CIGNA Dental PPO In-Network	\$ 271.00
Patient Charge	
Savings	\$ 469.00

Catalog Number: BSD04124

CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company and CIGNA Dental Health, Inc., and its operating subsidiaries. The CIGNA Dental Care plan is provided by CIGNA Dental Health Plan of Arizona, Inc.; CIGNA Dental Health of California, Inc.; CIGNA Dental Health of Colorado, Inc.; CIGNA Dental Health of Delaware, Inc.; **CIGNA Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**; CIGNA Dental Health of Kansas, Inc. (Kansas and Nebraska); CIGNA Dental Health of Kentucky, Inc.; CIGNA Dental Health of Maryland, Inc.; CIGNA Dental Health of New Jersey, Inc.; CIGNA Dental Health of New Mexico, Inc., (available only in Albuquerque and Santa Fe); CIGNA Dental Health of North Carolina, Inc.; CIGNA Dental Health of Ohio, Inc.; CIGNA Dental Health of Pennsylvania, Inc.; CIGNA Dental Health of Texas, Inc.; CIGNA Dental Health of Virginia, Inc. In other states, the CIGNA Dental Care plan is underwritten by Connecticut General Life Insurance Company and administered by CIGNA Dental Health, Inc. The CIGNA Dental PPO is underwritten or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc., and certain of its operating subsidiaries. The CIGNA Traditional plan is underwritten or administered by Connecticut General Life Insurance Company.

See, we weren't kidding when we said savings:

	<i>What You'll Pay</i>		
	<i>National Average Dentist's Fees</i>	<i>CIGNA Dental PPO Average In-Network Patient Charges</i>	<i>CIGNA Dental PPO Average Out-of- Network Patient Charges</i>
Typical Adult Annual Cost			
Two Periodic Exams	\$ 52.00	\$ 7.60	\$ 15.60
Four Bitewing X-rays	120.00	17.60	36.00
Two Quadrants of Periodontal Scaling and Root Planing	282.00	82.80	155.10
Two Routine Cleanings	110.00	16.20	33.00
One Resin/composite 1-surface Filling (Anterior)	87.00	25.60	47.85
Anterior Root Canal	443.00	130.00	243.65
Porcelain Crown	740.00	271.00	481.00
Subtotal	1,834.00	550.80	1,012.20
Add'l Patient Charges above Annual Maximum	None	0.00	0.00
Typical Child Annual Cost			
Two Periodic Exams	\$ 52.00	\$ 7.60	\$ 15.60
Two Bitewing X-rays	60.00	8.80	18.00
Two Routine Cleanings	78.00	11.40	23.40
Two Fluoride Treatments	42.00	6.20	12.60
Simple Extraction	79.00	23.20	43.45
Orthodontic Evaluation	65.00	24.00	32.50
Orthodontic Treatment Plan and Records	185.00	68.00	92.50
Banding for Comprehensive Orthodontic Treatment	777.00	285.00	388.50
12 Months Comprehensive Orthodontic Treatment- Child	1,459.50	535.00	729.75
Subtotal	2,797.50	969.20	1,356.30
Add'l Patient Charges above Ortho Maximum	None	0.00	218.25
Deductible for two people	None	50.00	50.00
Grand Total	\$ 4,631.50	\$ 1,570.00	2,636.75

Total Savings with CIGNA Dental PPO In-Network: \$ 3,061.50

The fees listed in the National Average Dentist's Fee column are determined by Connecticut General Life Insurance Company claims analysis.
The fees listed in the CIGNA Dental PPO In-Network Patient Charge column are estimated based on national average CIGNA Dental PPO contracted fees.
The fees listed in the CIGNA Dental PPO Out-of-Network Patient Charge column are estimated based on national average dentist's fees.

Summary of Benefits

CIGNA Dental PPO

Benefits	In-Network		Out-of-Network	
Calendar Year Maximum (Class I, II and III expenses)	\$1,000		\$1,000	
Annual Deductible (waived for Class I) Individual Family Maximum	\$25 per person \$75 per family		\$25 per person \$75 per family	
Reimbursement Levels	Based on reduced contracted fees		Based on Reasonable & Customary allowances	
	Plan Pays	You Pay	Plan Pays	You Pay
Class I - Preventive & Diagnostic Care Oral Exams (Two per year) Routine Cleanings (Two per year) Full Mouth X-rays (One complete set every three years) Bitewing X-rays (Two per year) Panoramic X-ray (One every three years) Fluoride Application (One per year for persons under 19) Sealants (Limited to posterior tooth for a person less than 14/One treatment per tooth every three years) Space Maintainers (Limited to non-orthodontic treatment) Emergency Care to relieve pain	80%	20%	70%	30%
Class II - Basic Restorative Care Fillings Root Canal Therapy Osseous Surgery Periodontal Scaling and Root Planing Denture Adjustments and Repairs Extractions Oral Surgery	60%*	40%*	45%*	55%*
Class III - Major Restorative Care Crowns Dentures Bridges	50%*	50%*	35%*	65%*
Class IV - Orthodontia Lifetime Maximum	50%* \$1,000 Dependent children to age 19	50%*	50%* \$1,000 Dependent children to age 19	50%*

Pretreatment review is suggested when dental work in excess of \$200 is proposed.

All plan deductibles and maximums (dollar and occurrence) cross-accumulate between In-Network and Out-of-Network unless otherwise noted.

Full Time Students are covered to age 25.

** Subject to annual deductible*

CIGNA Dental PPO Exclusions and Limitations

Exclusions

Covered expenses will not include, and no payment will be made for, expenses incurred for:

- Services performed solely for cosmetic reasons;
- Replacement of a lost or stolen appliance;
- Replacement of a bridge, crown or denture within five years after the date it was originally installed unless: (a) such replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth; or (b) the bridge, crown or denture, while in the mouth, has been damaged beyond repair as a result of an injury received while a person is insured for these benefits;
- Any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards;
- Procedures, appliances or restorations (except full dentures) whose main purpose is to (a) change vertical dimension; (b) diagnose or treat conditions or dysfunction of the temporomandibular joint; (c) stabilize periodontally involved teeth; or (d) restore occlusion;
- Porcelain or acrylic veneers of crowns or pontics on or replacing the upper and lower first, second or third molars;
- Bite registrations; precision or semi-precision attachments; or splinting;
- A surgical implant of any type including any prosthetic device attached to it;
- Instruction for plaque control, oral hygiene and diet;
- Dental services that do not meet common dental standards;
- Services that are deemed to be medical services;
- Services and supplies received from a hospital;
- Services for which benefits are not payable according to the “General Limitations” section.

In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

- For or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
- For or in connection with a sickness which is covered under any workers’ compensation or similar law;
- For charges made by a Hospital owned or operated by or which provides care or performs services for the United States Government, if such charges are directly related to a military service connected condition;
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- For charges which the person is not legally required to pay;
- To the extent that they are more than either the applicable Contracted Fee, applicable Reasonable or Customary Charges or applicable Scheduled Amount;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid; or
- For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.

No payment will be made for expenses incurred by you or any one of your Dependents to the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a “no-fault” insurance law or an uninsured motorist insurance law. Connecticut General Life Insurance Company will take into account any adjustment option chosen under such part by you or any one of your Dependents.